Case 2:06-cv-00336-M	HT-TFM Document 9 Filed SENDER: COMPLETE THIS SECTION	1.07/05	COMPLETE THIS S	e 1 of 1 ECTION ON DEL	.IVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the mailpier or on the front if space permits. 	se	B. Received by (Pri	Finch	Agent Addressee C. Date of Delivery 7 (3 06)
	1. Article Addressed to: Mr. Darry Finch P.O. Box 240224		If YES, enter deliv	_{ow:} □ No	
	Montgomery. AL 2:06 CU 336 DER	_	3. Service Type Certified Mail Registered Insured Mail	☐ C.O.D.	ceipt for Merchandise
	2'06 CU3318BCP	`	4. Restricted Delive	ry? (Extra Fee)	☐ Yes
	Article Number (Transfer from service label)		פר סדטט מנ	8998 601	
	PS Form 3811, February 2004 Domestic Return Receipt				102595-02-M-154